CLAI  OTAL CLAIMS  OR  OTAL CHARGEABLE CL	MS AS FILED (Column	ber 1, 20 - PART	000	ION REÇ	ORD	ı	Ó	99	43836					
OTAL CLAIMS OR OTAL CHARGEABLE CL	(Colum		1 .			Application or Docker Number 0994383 C								
OR OTAL CHARGEABLE CL	3		CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY					
OTAL CHARGEABLE CL	400000	<b>フ</b> ・`	7			RATE	FEE	7 7	RATE	FEE				
	I MUMBER	NUMBER FILED N		ER EXTRA	_				BASIC FEE					
	AIMS 3.7 m	3.7 minus 20= *		17		XS 9=		OR		306				
idependent claims	-4 "	4 minus 3 = "		1		X40=	<u> </u>		X80=	80				
ULTIPLE DEPENDENT C	LAIM PRESENT	RESENT			-	<del></del>		ÓЯ		00				
if the difference in colur	nn 1 is less than z	ess than zero, enter "0" in column 2			· L	+135=		OR	+270=	1000				
CLAIMS AS AMENDED - PART II						TOTAL		OR		1096				
(Colu	mn 1)	(Colur	nn 2)	(Column 3)		SMALL	ENTITY	OR:	OTHER SMALL I					
Total • 3	INING ER	HIGH NÚM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE				
Total · 3	7 Minus	-3	7	- /		X\$ 9=		ÓR	X\$18-					
Independent •	Minus	••• <	1	= /-		X40=		OR	-×80=					
FIRST PRESENTATION	OF MULTIPLE DE	PENDENT	CLAIM	<u> </u>	<b> </b>	105	/		/ -					
					<u> </u>	+135= TOTAL		OP/ OR	+270=					
(Cotu	mn 1)	(Colur	ทก 2)	(Column 3)	AD	OIT. FEE			ADDIT. FEE					
Total • 1000 Independent	INING ER	PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATÈ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE				
Total • 3	Minus	- 3	7			X\$ 9=		OR	X\$18=					
Independent • C	Mirrus :	••• Ł	1	= -		X40=	•	OR	X80=					
FIRST PRESENTATION	· ·	PENDENT	CLAIM		¹   T	-135=		OB	+270=					
					<u>_</u>	TOTAL		OR	TOTAL					
(Colur	nn 1)	(Colum	nn 2)	(Column 3)		DIT. FEE			ADDIT. FEE					
CLA REMA AFT AMEND	MS NING ER	HIGH NUME PREVIO	EST BER BUSLY	PRESENT EXTRA	$\Gamma$	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE				
Total •	Minus	••		=		(\$ 9=		OR	X\$18=					
Independent •	Minus	•••		=		X40=			X80=					
FIRST PRESENTATION	OF MULTIPLE DE	PENDENT	CLAIM		▎├╴			OR						
If the entry in column 1 is les	s than the entry in col	umn 2. write	"O" in colu	uma 3.	Ľ	135= 101AL		OR	+270= TOTAL					
If the "Highest Number Previ "If the "Highest Number Prev	iously Paid For IN TH	IS SPACE is	tess than	20, enter "20."	ADE	OIT. FEE		OR	ADDIT, FEE	·				

FORM PTO-075 (Rev. 8/00)

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